



COMMUNITY FORESTRY GRANT PROGRAM



TREE MAINTENANCE AGREEMENT

This information is required under authority of Part 5 of Act 451, P.A. 1994, as amended, and the U.S. Cooperative Forestry Assistance Act of 1978, CFDA 10.664, to verify information and report progress on the Community Forestry Grant Program

GRANT NUMBER: _____

The Grantee certifies that customary and reasonable tree care and maintenance will be performed for three (3) years on all trees planted under the terms of the Community Forestry Grant Program.

Minimum standards for care are those criteria, instructions, and examples contained in *Tree Maintenance Guidelines (IC 4108-1)*. Additionally, it is recommended that grantees refer to *Forestry Handbook*, Second Edition, Karl Wenger, Editor, for the Society of American Foresters, Sections 8 and 16, 1984, John Wiley and Sons, New York, New York. Tree maintenance includes, but is not limited to: watering, fertilizing, pruning, trimming, mulching, staking, and removing and replacing dead or dying trees.

Upon completion of the tree planting, a list of trees planted under this project must be submitted (PR 4107-4, page 2). For each tree, list:

- Month and year planted,
- Planting location,
- Species,
- Diameter or height,
- Condition (poor, fair, good, excellent), and
- Estimated cost of tree and planting.

A substitute format (i.e., planting blueprint, computerized inventory) may be used with approval of the Grant Supervisor.

Failure to comply with this requirement may result in cancellation of the current grant and disqualification from future grants.

I certify that I have read and understand the minimum standards for customary and reasonable tree care and maintenance and my organization will comply with all of the above.

Grantee Representative Name (please print)

Signature

Date

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TREE INVENTORY

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GRANT NUMBER: _____

GRAND TOTAL # TREES: _____

[illegible]

I certify that the information listed above is true and correct to the best of my knowledge.

Grantee Representative Name (please print)

Grantee Representative's Signature

Date _____

Return completed inventory to:

**COMMUNITY FORESTRY GRANT PROGRAM
FOREST, MINERAL AND FIRE MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30452
LANSING MI 48909-7952**